



Fentanyl & Opioid Awareness, Overdose Prevention

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Our Mission

Our mission is to help those who are suffering from substance use disorders. We consider these people our patients, and our singular aim is to help them heal. We're proud that our clinics provide our patients an environment that is free of judgment and condescension and we're steadfast in treating everyone with the utmost dignity and respect.



Our Vision

Leading the change to eliminate the consequences of substance use disorder in our communities.



Our Values

- We see challenges as opportunities to demonstrate initiative.
- We listen to and honor the reality of those we serve.
- We are evangelists for practices grounded in science and evidence.
- We value people who are passionate about making an impact.

Objectives



Provide 3 tangible ways prevention is possible with youth and adults



Explain how to use Narcan and provide 3 lesser-known facts about Narcan



Identify 4 options for aftercare or recovery from Opioid Use Disorder

Pre-Presentation Survey



<https://forms.office.com/r/fRVH7wnVes>

2024 Impact Report



Patient-Centered Care

- Provided care to **39,591** unique individuals in **13** states.
- Opened **9** new clinics in **7** cities, providing care to **274** new patients in need.
- Our clinics admitted **21,807** patients, welcoming in an average of **80** new people per day in their Moment of Hope.
- Launched expanded STI testing and treatment including Hep-C, HIV and more, providing diagnoses and treatment to **8,026** patients.

Harm Reduction Matters

- Distributed more than **15,700** naloxone kits to CMS patients and members of our communities, a critical part of preparedness which is believed to have contributed to the recent drop in overdose deaths nationwide.¹
- Proudly operate **12** harm reduction vending machines in **11** CMS clinics, which have provided lifesaving items to more than **1,100** people.
- Our clinics achieved a total of **16** three-year CARF accreditations.

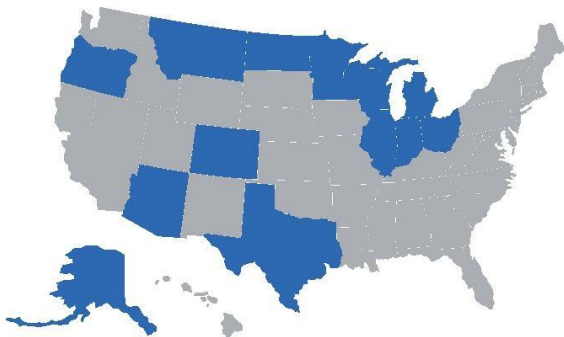
Community Engagement

- Led or participated in **11,000** outreach events.

Connecting Recovery

- Our counselors spent over **125,000** hours providing individual guidance to CMS patients – that's **2,400** hours per week!
- The care our clinics provided inspired **1,073** 5 star reviews.

Providing Care in 13 States!



SOURCES:
¹ CDC.gov



Who We Are

Community Medical Services is an opioid treatment program (OTP) different from all the rest, with a compassionate approach to care that goes beyond medication. Since 1983, Community Medical Services (CMS) has been at the forefront of evidence-based practices, providing outpatient medication for opioid use disorder (MOUD) along with counseling and peer support services. Our roots in Phoenix, Arizona, have blossomed into more than 71 clinics across multiple states, including the country's first 24-hour Opioid Treatment on Demand (OTOD) center in Phoenix.

Fentanyl & Opioid Awareness and Prevention



What is Fentanyl?

- A **synthetic opioid** that is 50–100 times more potent than morphine
- Developed for **pain management**, especially after surgery or for cancer patients.
- Can be **prescribed** (e.g., patches, lozenges) or **illicitly manufactured**.



Fentanyl Crisis

- Major driver of overdoses deaths in the US
 - Stimulant overdoses are also on the rise
- Illicit fentanyl is the primary source of harm
- Often consumed unknowingly
 - Mixed with other substance
 - Misrepresented



Overdose Trends

**Nationally:
80,391**

- 27% decrease from 2023
- Synthetic opioid decreased by 37%
 - Other Drug categories also decreased but not as much.
- Contributing factors to decrease
 - Increased availability of Naloxone/Narcan
 - Improved access to treatment
 - MOUD barriers removed
 - Changes in Drug Use Patterns
 - IV → Smoking
 - Positive Impact of Opioid Settlement funds.

Overdose Trends Local

**Arizona:
2,539**

- Down 8.7% from 2023
- Synthetic opioid overdoses also decreased
 - From 1,928 to 1,651
- Non-Fatal Opioid Overdose Events
 - 4,050
- 71% of suspected non-fatal overdose Responses with Narcan Administered

*ADHS-Overdose Dashboard, 2025

What can we do?

- Education and Public Awareness
 - TALK ABOUT IT!
- Expanding Treatment Options
 - Reduce Barrier to Medication for Opioid Use Disorder
 - Reduce Barriers into treatment
- Expanding Community Program
 - Youth Programs/Mentorships
 - Re-Entry Centers
 - Narcan Boxes



Prevention

Understanding how
substance misuse
develops

Recreational
Prescription medication

Peer
Pressure/Temptation

Have a way out
Encourage positive choices

Talk about mental
health

Unaddressed mental health can lead to self-medication

Family Risk Factors

Biological. Environmental and physical

Address stressors

School and family pressure
Self imposed stressors

Community Programs



- Youth Programs/Mentorship
 - Parent Student Prison Initiative- <https://www.pspi.org/>
 - Work with children whose parents are incarcerated
 - Work with parents on the inside
 - Pima County Community Prevention Coalition
 - Be Free Pima- Youth program
 - Re-entry Support
 - Pima County Transition Center
 - Justice navigators with lived experience engage with people leaving the jail. They connect them with resources and follow-up support to ensure that they are making their court dates.
 - Narcan Distribution
 - Having low barrier access to Narcan helps save lives



Overdose Awareness and Response



Overdose Risks

- **Mixing drugs**
 - Intentional or Unintentional
 - Opioids with alcohol, benzos and gabapentin
- **Variation in purity**
- **Tolerance changes**
 - Release from incarceration, detox or residential treatment.
- **Using Alone**
- **Physical health issues**
 - HIV, Hep C, lung disease, heart disease
- **Changes in drug supply**
- **History of past overdoses**
- **Lack of education/knowledge**



Notable Drug Trends

We are seeing more additives added to the supply chain

Xylazine: ZY-lə-zeen

- Animal tranquilizer
- Slows down breathing and relaxes muscle
- Can create wounds though limbs
- Not an opioid, Narcan still recommend to knock opioid off receptor.

BTMPS

- Industrial chemical found in plastics
- Little known about effects on humans
- Has fishy or burnt plastic smell
- Dizziness, headaches, not feeling well.

Carfentanil: car-fen-tanil

- Veterinary Tranquilizer
- Stronger than fentanyl and longer half life
- Narcan still works but additional doses maybe needed.
- Quick response is key

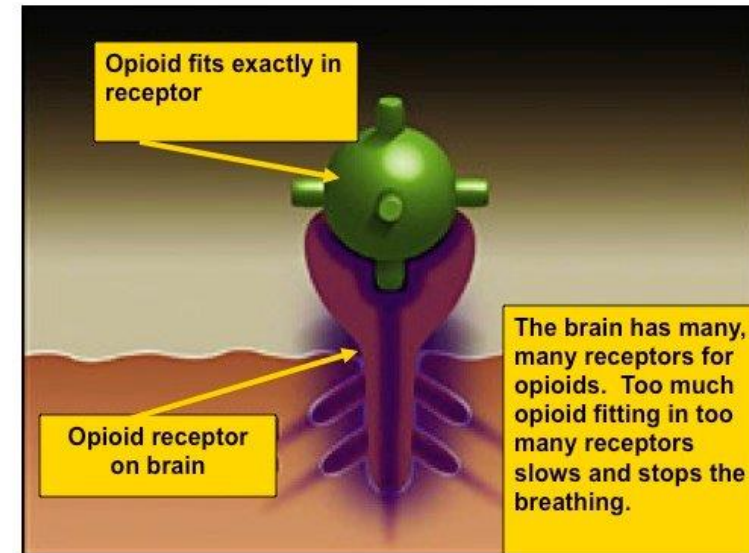
What Is an Overdose?

An opioid overdose occurs the body is flooded with opioids causing the part of the brain that regulates breathing to stop.

It can be identified by 3 signs:

- Pinpoint Pupils
- Unconsciousness
- Difficulties with breathing

What is an Opioid Overdose?



Sedation Vs. Overdose

High	Overdosed
Muscles become relaxed	Pale or gray, clammy skin
Speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy looking	Deep snoring, gurgling or rattling
Responsive to shouting, sternal rub, or ear lobe pinch	Unresponsive to stimuli
Normal heart rate and/or pulse	Slow or no heart rate and/or pulse
Normal skin tone	Blue gray lips and/or fingertips.

Responding to an Opioid Overdose

- Perform sternum rub
- Call 911
- Administer naloxone, if on hand
- Rescue Breathing
- Place in recovery position



1. Sternum Rub

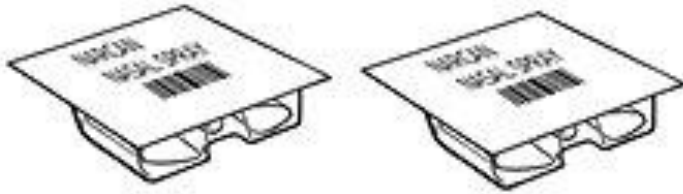


2. Call 911



3A. Administer Narcan

1



2



3



4



5



3B. Administer Naloxone

Injectable naloxone

This requires assembly. Follow the instructions below.

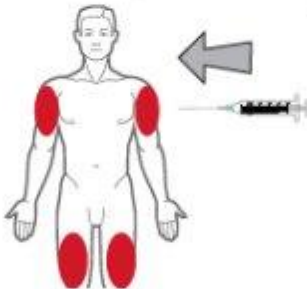
1 Remove cap from naloxone vial and uncover the needle.



2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.



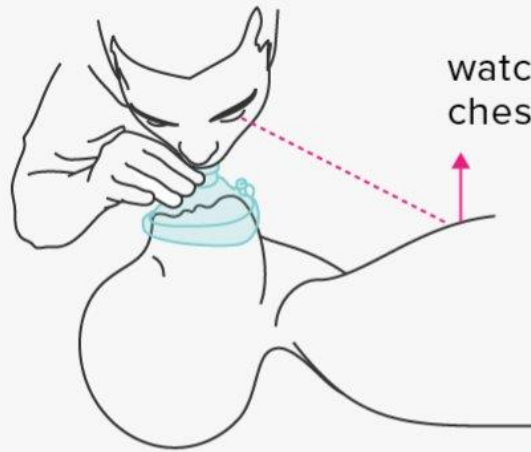
3 Inject 1 ml of naloxone into an upper arm or thigh muscle.



4 If no reaction in 3 minutes, give second dose.

4. Rescue Breathing

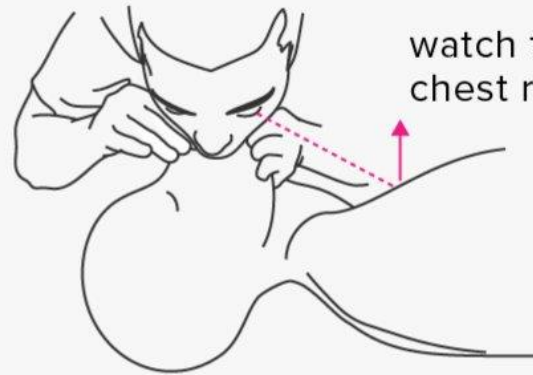
rescue breaths



watch for
chest rising

cover nose and mouth
with mask

OR



watch for
chest rising

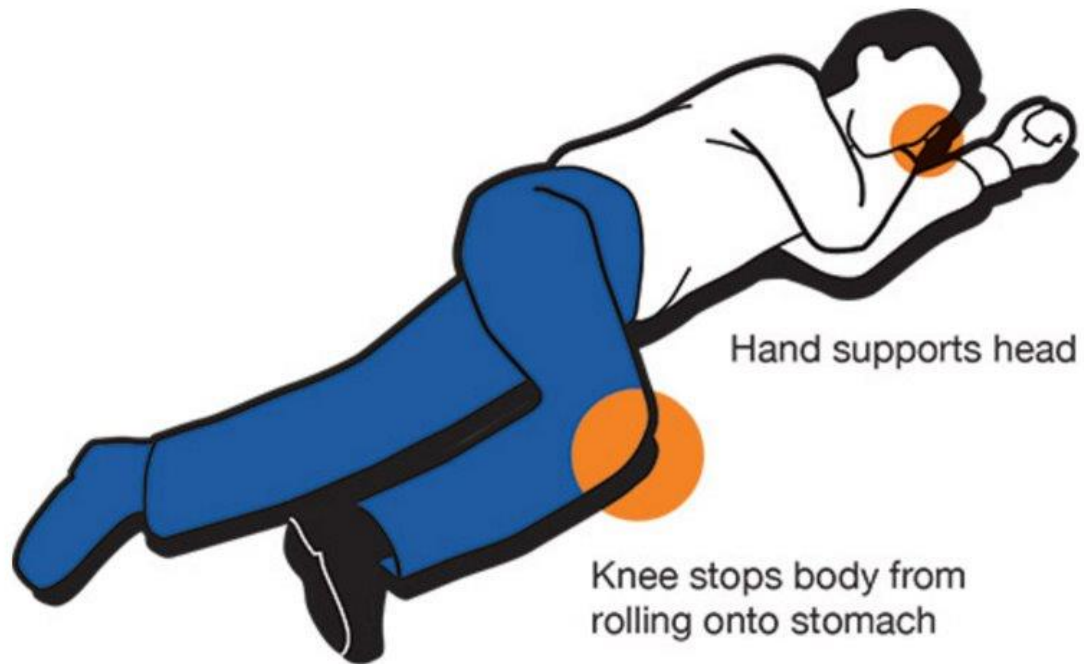
pinch nostrils shut

2 breaths each time, about **1 second apart**

5. Recovery Position

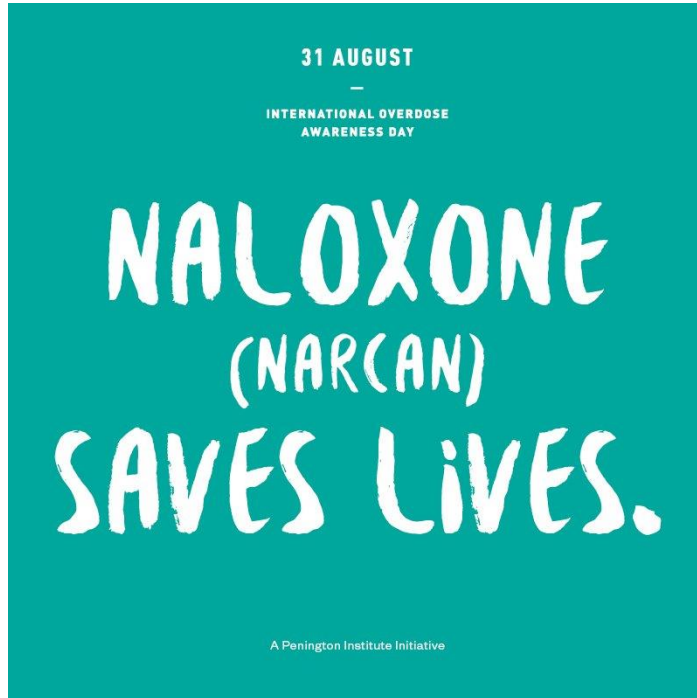
The Recovery Position

Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

Good to know....



- Second dose can be readministered after 2 minutes, if the person is still unresponsive.
- Narcan can be used even if expired. It does not go “bad”
- Narcan is safe in extreme temperature
- NARCAN/Naloxone can wear off within 45-90 minutes and 2nd overdose may occur.
- Individuals may be combative, confused, in withdrawals or sick when coming out of an overdose.
- People may be hesitant on contacting 911 for...
 - Fear of arrest, warrants, parole/probation violation
 - DCS involvement
 - May jeopardize housing

1) [Effect of Extreme Temperature on Naloxone Nasal Spray Dispensing Device Performance – PubMed](#)

2) [About Expired Naloxone — NEXT Distro](#)

Good Samaritan Law

For the General public

- Arizona state law protects individuals from criminal prosecution when they attempt to help others in good faith. Typically, the Good Samaritan law applies to two main types of situations: administering aid to a person who suffers a personal injury or medical event in a public place or intervening on behalf of an individual suffering from a drug overdose.

For People Who Use Drugs:

- Prohibits an individual who has sought medical assistance related to an overdose from being charged or prosecuted for possession of a controlled substance if the evidence for the charge or prosecution of the drug-related crime resulted solely from seeking medical assistance.
- individuals can be prosecuted for other non-drug related crimes at the scene and arrested.



Aftercare & Recovery



Aftercare

- May need further engagement in services and treatment
 - MAT/MOUD Treatment
 - Individual counseling
 - Relapse Prevention, Substance Abuse Education, SMART Recovery, IOP Groups
 - 12-Step Meetings
 - Peer support involvement
- See a medical provider
- Explore barriers to stopping drug use
- Explore resources & ways to keep people safe until they can stop using drugs – including other harm-reduction services



What is Recovery?

- Merriam-Webster defines recovery as the **process** of combating a disorder (such as alcoholism) or a real or perceived problem
- The National Institute of Drug Abuse and SAMSHA defines recovery as a **process** of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Recovery is not linear and varies for person to person.

Question:
What are some of the different pathways of recovery?



Medication for Opioid Use Disorder (MOUD)

Use of medication in combination with substance use counseling & supportive services

Goals of MOUD

No significant withdrawals

Reduction in cravings

Stabilize brain chemistry

No other opioid use

Blockage of euphoric effects of other opioids

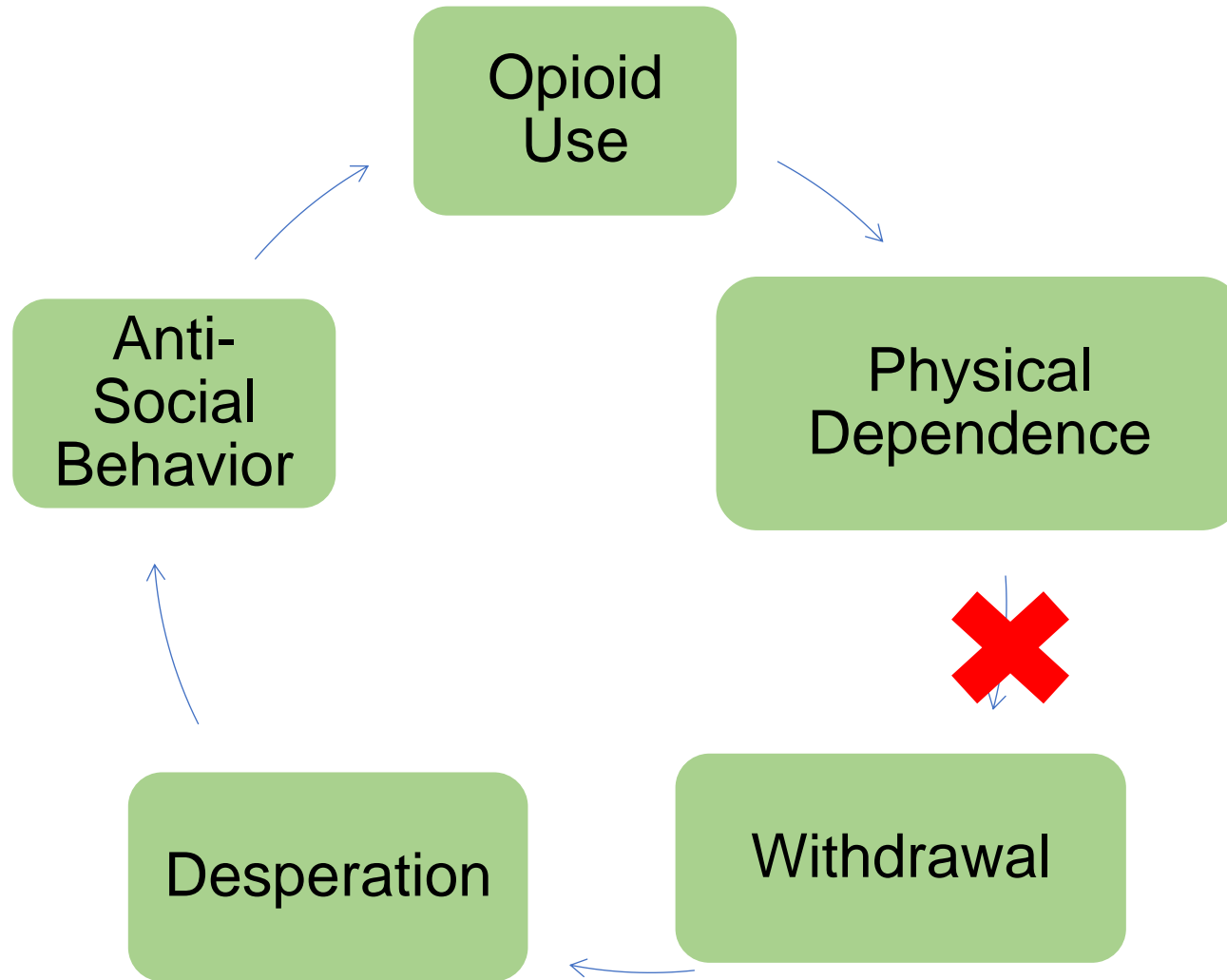
Improved function

Re-establish & maintain healthy relationships

Establish stable housing & employment



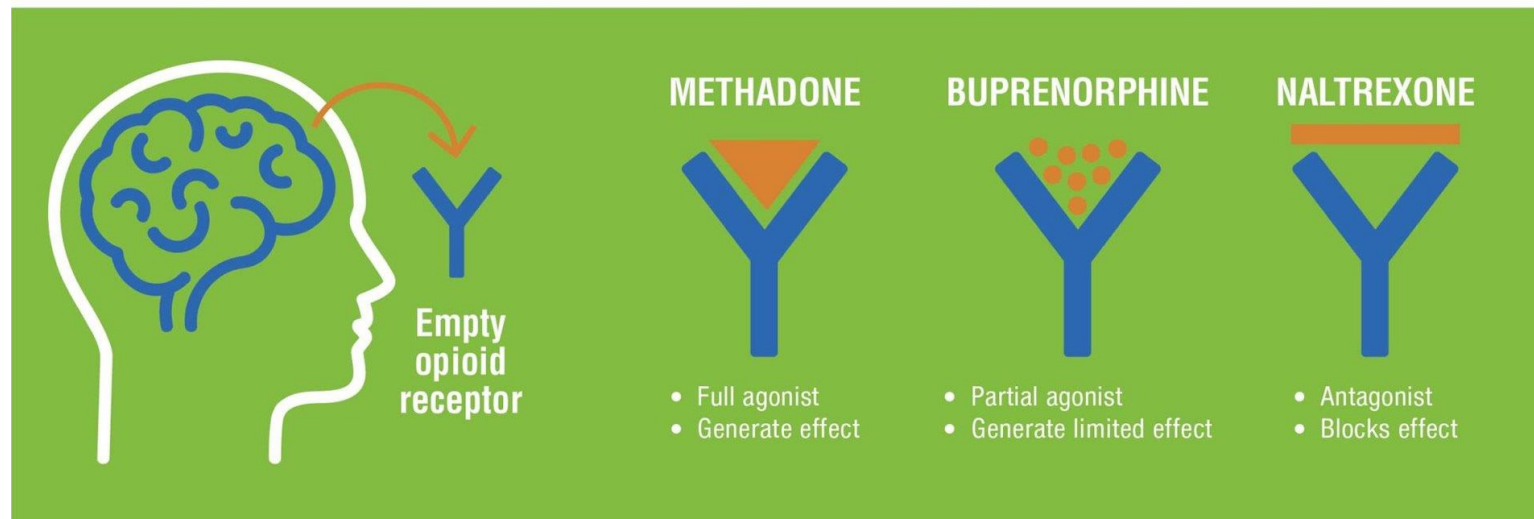
Cycle of Opioid Use



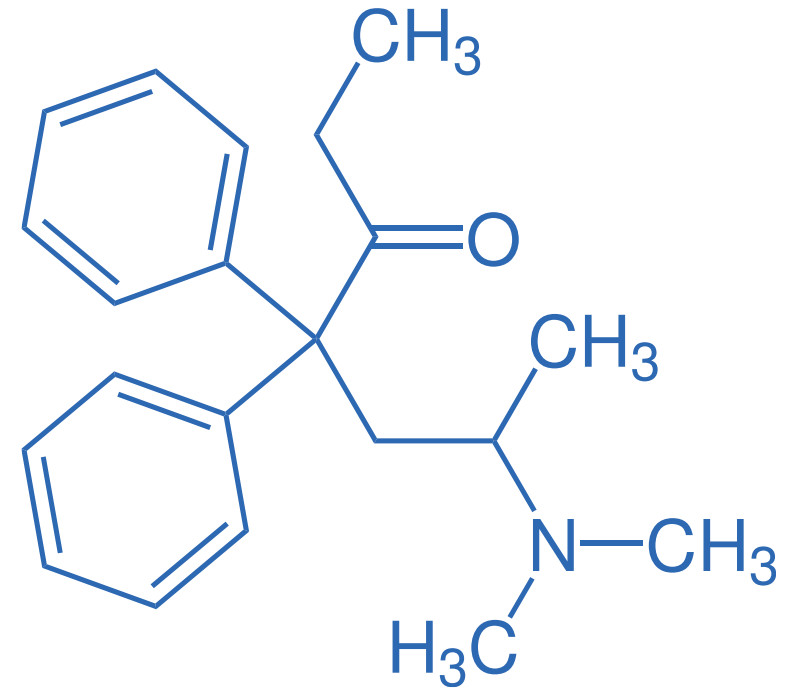
How it works

HOW DO OPIOID TREATMENT MEDICATIONS WORK IN THE BRAIN?

Opioids alter your brain chemistry by attaching to opioid receptors. When opioids attach to your receptors, it reduces your perception of pain. As time goes on, it takes more and more opioids to achieve the same effect. Taking opioid treatment medication blocks these receptors to varying degrees (see below) and helps you to stabilize, giving you time to work through the psychosocial aspects of your substance disorder and focus on recovery.



- Full opioid agonist – activates 100% of opioid receptors
- Long lasting (24-36 hours) allows for daily dosing
- No waiting time to start medication
- Alleviates withdrawal symptoms and prevents cravings
- Blocks euphoric effects of other opioids
- Discontinue through slow taper: 5-10% every 1-2 weeks



Methadone

SUBOXONE
(buprenorphine and naloxone) sublingual film
8 mg/2 mg

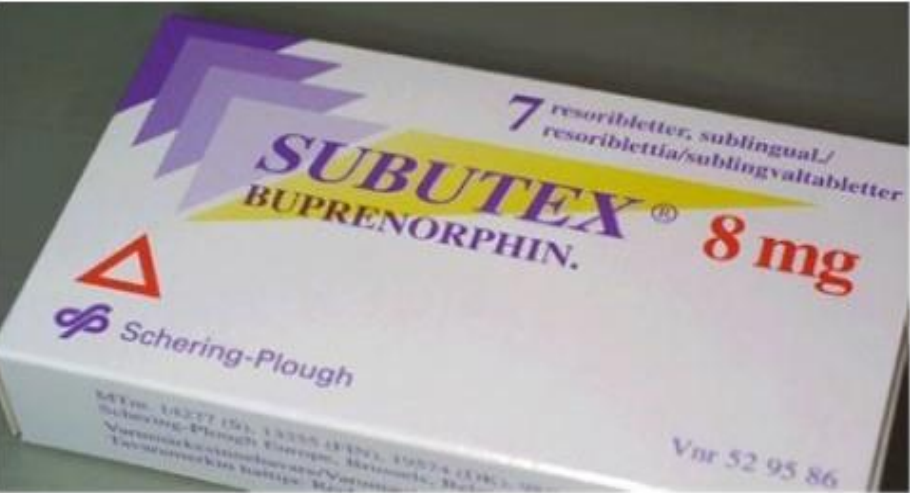
Rx only
Children who accidentally take SUBOXONE will need emergency medical care. Keep SUBOXONE out of the reach of children.

Do not cut, chew or swallow sublingual film.

suboxone.com

Buprenorphine/ Naloxone (Suboxone)

- Partial opioid agonist – partially activates opioid receptors
- Better safety profile than methadone
- Must be in mild to moderate withdrawals, 17-24 hours after last opioid use before starting medication
- Maximum dose of 24 mg
- Slow taper off under provider supervision



Sublocade®
(buprenorphine extended-release)
injection for subcutaneous use ©
100mg•300mg

Weekly/Monthly
Brixadi™
(buprenorphine) extended-release
injection for subcutaneous use ©

Buprenorphine

- Subutex
 - Commonly used for pregnant patients
 - Oral tablet
- Sublocade
 - Injection once every 28 days
 - Must have 7-day oral suboxone induction prior to starting the medication
- Brixadi
 - Weekly or monthly injection
 - One day of Suboxone induction prior to starting

Naltrexone (Vivitrol)



- Opioid antagonist
- Vivitrol – long lasting injectable administered every 28 days
- Blocks, but does not activate, receptors
- No physical dependence
- Must be off all opiates for at least 7-10 (or more) days before starting medication
- Oral naltrexone challenge given before Vivitrol injection
- Can help with cravings
- Recommended for relapse prevention, not withdrawal management

Intake Process

- No waiting time for appointment. All intakes are walk-in
- Medication started same day, in most case
- Medical Provider and Counselor assigned same day.
- Methadone starts low and starts at tri-weekly in clinic dosing
 - With the ability to move up to weekly privileges after 14 days (pending normal UA)
- UA's are non-punitive.
- Counseling sessions are required, 1x per month.
- UA's are required 2x per month, when new to treatment and are scheduled.
- Best outcomes are when medication is used 1-2 years



Post Survey



<https://forms.office.com/r/3x3BRqNYyv>

Contact Information



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